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TITLE: Spouses/Family Members of Service Members at Risk for PTSD or Suicide

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14. ABSTRACT The purpose of the study is to gain new knowledge about the experiences of family members of service members who are experiencing symptoms of PTSD or severe depression. The study is multi-method, with an initial qualitative phase (Phase 1), and a follow-up longitudinal, quantitative phase (Phase 2). During Year 4, multiple attempts to recruit participants for Phase 1 were made. After attempts through multiple avenues at FBCH yielded no success, amendments were prepared to expand recruitment outside of FBCH. These efforts yielded no success, either. A revision of the approach and recruitment was prepared and submitted to USAMRAA/TATRC in July 2014. This revision entailed a NCE until 6/30/2016. As of 9/30/2014, this revision was still under review.					
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INTRODUCTION

This project focuses on marriages/romantic relationships and family relationships of service members with significant risk for PTSD and/or suicidality. Social support is one of the strongest buffers against PTSD (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003), and relationship difficulties have been cited as the most common trigger of suicides in service members over the past several years (Keuhn, 2009). Thus, a healthy interpersonal environment is key for service members who may be struggling with behavioral health problems. Unfortunately, spouses of service members or veterans with symptoms of PTSD or depression have significantly elevated levels of psychological and interpersonal distress (Monson, Taft, & Fredman, 2009). It also appears quite likely that parents and other close relatives of service members with PTSD or depression experience significant distress, but there currently are almost no empirical data about relatives other than spouses or children. Based on the clear interaction between individual psychological problems in service members and their interpersonal environment, the ultimate objective is to gather data that will inform the future design of interventions for relatives of service members that will increase relatives' resilience and, consequently, their ability to provide support for service members. The purposes of this project are to: (1) identify the primary needs of relatives of high-risk (PTSD/depression) service members, and (2) identify potential distress and resilience mechanisms in these relatives. The research includes two phases. Phase 1 employs focus groups (or individual interviews, pending approval of submitted revisions) to (a) better understand the needs of romantic partners and (b) begin to identify needs of other types of family members (e.g., parents), who are rarely the focus of research. Phase 2 employs longitudinal assessment of service members and partners/relatives using interview and self-report measures to (a) validate information gathered in Phase 1 and (b) examine the longitudinal associations among service members' psychological functioning and the family environment. This information will, in turn, be used to identify primary targets for family intervention that can increase partners'/relatives' resilience and improve service members' psychological functioning.

KEYWORDS

PTSD
Suicide
Marriage
Family

OVERALL PROJECT SUMMARY

Task 1a. COMPLETED. Ft. Belvoir Community Hospital (FBCH) has been serving as the recruitment site for the study, with LT Mekeshia Bates as the FBCH Site PI. However, this site yielded no enrolled participants from Oct 2013 - Nov 2013. Thus, we initiated amendments to expand our recruitment outside FBCH, while continuing to try to recruit within FBCH. Full approval of the revised procedures, flyers, and website were received in March 2014. We then initiated the new procedures, but again, failed to successfully enroll any participants from March 2014 - June 2014. At that time, we prepared a new approach that would open recruitment nationwide. The revised procedures associated with this approach were submitted to USAMRMC/TATRC for approval in July 2014. As of Sep 30 2014, they are still under review.

Task 1b. PARTIALLY COMPLETED. Full approval for the revised procedures was obtained from the GMU IRB (the only relevant IRB, given the nature of the revised procedures). The revised procedures are not able to be submitted to HRPO ORP until the procedural changes are officially approved by USAMRMC/TATRC.

Task 1c. COMPLETED. The focus group manual was completed in Y1. The revised individual interview manual (in accordance with the revised procedures) is complete and approved by GMU IRB. It will be submitted for review by HRPO ORP once the proposed changes are approved by USAMRMC/TATRC.

Task 1d. COMPLETED. The full manual for managing emergency behavior (e.g., suicidal ideation) is currently approved by GMU IRB.

Task 1e. INCOMPLETE. Pending approval of the revised procedures by USAMRMC/TATRC, training of individual interviews will proceed.

Task 1f. COMPLETED. All study staff are fully trained in the management of suicidal behavior.

Task 1g. COMPLETED. All materials for the study have been purchased. Relevant study staff are trained in the use of materials for Phase 1.

Task 1h. COMPLETED. All hard copy and online versions of screening instruments are prepared.

Tasks 2a-f. INCOMPLETE. The study protocol for Phase 1 has been revised to try to facilitate successful recruitment of participants. These revisions are currently under review by USAMRMC/TATRC. Recruitment and movement on other tasks will begin upon approval of revised procedure by (a) USAMRMC/TATRC and (b)

HRPO ORP.

Task 3a. INCOMPLETE. The development of new questionnaires for Phase 2 is contingent upon completion of Phase 1.

Task 3b. PARTIALLY COMPLETE. All copyrighted measures for Phase 2 have been purchased, and preparation of the online survey has begun.

All remaining tasks are reliant on enrollment of and acquisition of data from participants. Thus, these tasks are currently incomplete.

KEY RESEARCH ACCOMPLISHMENTS

- Development of revised Phase 1 protocol procedures to facilitate adequate participant recruitment and enrollment.
- Partial approval of Phase 2 protocol (awaiting approval by ORP HRPO).
- All materials for Phase 1 and Phase 2 purchased.

CONCLUSION

Pending approval of revised procedures, we look forward to beginning national recruitment for participants. We look forward to being able to draw conclusions about the impact of PTSD and/or suicidality on service members' relatives. In addition, we look forward to using that information to inform efforts to assist these individuals in caring for affected service members.

REPORTABLE OUTCOMES

- Conference presentation panel on civilian-military research partnerships presented at the annual meeting of the Association of Behavioral and Cognitive Therapies in November 2013. Panel was chaired by PI Keith Renshaw, and included Dr. Craig Bryan, Dr. Stacey Young-McCaughan, and Dr. Shannon Kehle-Forbes, Dr. Marjan Holloway.

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